

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046778

DO NOT WRITE
ON THIS STUB

AMENDED

FILED District No. 7 1962

Primary Registration District No. 1002

Registrar's No.

6546

STATE FILE NUMBER

VS 300
Rev. 4/591
2891
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

Hector W. Benoit Medical Certification

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 1/2 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 223 Kice St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PATTY Middle DEAN Last BOYCE		4. DATE OF DEATH Month Dec. Day 19 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/21/1930
9. AGE (last birthday) 32		IF UNDER 1 YEAR Months 32 Days 32 Hours 32 Min. 32	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales clerk		10b. KIND OF BUSINESS OR INDUSTRY Retail stores	
11. BIRTHPLACE (City and state or country) Richmond, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Due		13b. MOTHER'S MAIDEN NAME Ethel Mansell	
14. NAME OF HUSBAND OR WIFE Carl W. Boyce		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Carl W. Boyce, Richmond, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mitochondrial Cancer to Brain and Arteries DUE TO (b) Primary Aortic Body Tumor DUE TO (c) Primary Aortic Body Tumor Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:25 p. Month, Day, Year Dec 18th '62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Richmond, Mo.		
21. I attended the deceased from Dec 18th '62 to Dec 19th '62 and last saw her alive on Dec 19th 1962 Death occurred at 3:25 p. m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED Dec 21, 1962	
22a. SIGNATURE Hector W. Benoit Jr. MD		22b. ADDRESS 4620 Nichols Pkwy. K.C. Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 21, 1962	23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Gardens	23d. LOCATION (City, town, or county) (State) Richmond, Mo.
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 12-24-62	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 27 1963

rec'd
12.24.62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or ~~by~~ _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Levack Thurman

Licensed Embalmer No. 1563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.